UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.			402)		
Client Reference No.					27	
First Inver	ntor	Eit	228			
	PACKAGE FOR OPTICAL					
Title	SEMICONDUCTOR DEVICE					
Express Mail Label No.						

1.53(b))		Title)	SEMICO	ONDUCT	OR DEVICE	
			Express Mail Label No.				
APPLICATION ELEMENTS			ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
1. Utility Patent Application Transmittal		AC	COM	PANYING		CATION PARTS	
1. Utility Patent Application Transmittal Form 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification (including claims and abstract) [Total Pages 41] 4. Drawings [Total Sheets 23] 5. Combined Declaration and Power of Attorney [Total Pages 3] a. Newly executed b. Copy from prior application [Note Box 6 below] i. Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application 6. Incorporation by Reference: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered as part of the disclosure of the accompanying application and is hereby incorporated by reference. 7. Application Data Sheet. See 37 CFR 1.76 8. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 9. Nucleotide and/or Amino Acid Sequence Submission a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or	11 12 13 14 15 16 17 18	. 🖾 . 🖂 . 🖂	Appl (including for the context of t	licant requiude public (d)) gnment Preservand (ER 3.73(leasing) er of Attorish Transist Trans	apers document(b) Staten rney lation Do sclosure 0-1449 Listed Do mendmen of Postca ically itemiz ity & Cert rtification) (Form F	cation parts ly publication. e under 37 CFR s)) nent (when there is cument (if applicable) Statement (IDS) ocuments nt	
ii. ☐ Paper Copy c. ☐ Statement verifying identity of above copies							
21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below: Continuation Divisional Continuation-in-part of prior application no. Prior application information: Examiner; Group Art Unit:							

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Attorney Docket No. 402987/AOYAMA Client Reference No.

APPLICATION FEES								
BASIC FEE			\$770.00					
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE					
Total Claims	20 -20=		x \$18.00	\$				
Independent Clair			x \$86.00	\$				
☐ Multiple Deper	ndent Claim if applicable		+\$290.00	\$				
	calculations =	\$770.00						
	y small entity =	\$()						
Assignment fee	\$40.00							
Early publication	on fee if applicable		\$					
			TOTAL =	\$810.00				
 Please charge my Deposit Account No. 12-1216 in the amount of \$810.00. A check in the amount of \$ is enclosed. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216: a.								
26. CORRESPONDENCE ADDRESS								
☑ Customer Nu	mber: 23548 23548	Jeffrey A. Wyand, Reg. No. 29,458 Leydig, Voit & Mayer 700 Thirteenth Street, N.W., Suite 300 Washington, D.C. 20005-3960 (202) 737-6770 (telephone) (202) 737-6776 (facsimile)						
Name Jeffrey A. Wyand, Reg. N		lo. 29,458						
Signature	Solu							
Date	Jehn	Du 76, 200	4					

Utility Transmittal (Revised 10/1/03)